

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 12
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee 76 Words			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 01 / 2016</div> </div>		
Mailing Address 1806 Vernon St, NW #100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4396.83</div>		
City Washington	State DC	Zip Code 20009	Transaction ID : B634927 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 01 / 2016</div> </div>		
Purpose of Expenditure Online video Production-Estimated costs		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			
Name of Federal Candidate Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4220439.82</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Community Outreach Group LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 01 / 2016</div> </div>		
Mailing Address 1110 Vermont Ave N.W. #300			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">78701.96</div>		
City Washington	State DC	Zip Code 20005	Transaction ID : B634932 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 01 / 2016</div> </div>		
Purpose of Expenditure Canvassing-Estimated costs		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">007</div>			
Name of Federal Candidate Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4220439.82</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">83098.79</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

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11 / 02 / 2016

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 12
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Advocates of Ohio			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016		
Mailing Address 206 E State St.			Amount 4529.22		
City Columbus	State OH	Zip Code 43215	Transaction ID : B634938		
Purpose of Expenditure Canvassing-Estimated costs		Category/ Type 007	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016		
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought		4220439.82	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Planned Parenthood Advocates of Ohio			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016		
Mailing Address 206 E State St.			Amount 2438.82		
City Columbus	State OH	Zip Code 43215	Transaction ID : B634941		
Purpose of Expenditure Phone calls-Estimated costs		Category/ Type 007	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016		
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought		4220439.82	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6968.04
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ C C00489799
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Pivot Group			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016		
Mailing Address 1720 I Street NW Suite 550			Amount 19004.63		
City Washington	State DC	Zip Code 20005	Transaction ID : B634942		
Purpose of Expenditure Mail production and postage - Estimated Costs		Category/ Type 003	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2016		
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought		4220439.82	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Bully Pulpit Interactive			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016		
Mailing Address 1140 Connecticut Ave NW #800			Amount 78000.00		
City Washington	State DC	Zip Code 20036	Transaction ID : B634918		
Purpose of Expenditure Online advertising-Estimated costs		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2016		
Name of Federal Candidate Comstock, Barbara, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA		
Calendar Year-To-Date Per Election for Office Sought		166473.13	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	97004.63
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Pivot Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 1720 I Street NW Suite 550		Amount 19004.63	
City Washington	State DC	Zip Code 20005	Transaction ID : B634896
Purpose of Expenditure Mail production and postage - Estimated Costs		Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2016
Name of Federal Candidate Hassan, Maggie, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee The Pivot Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 1720 I Street NW Suite 550		Amount 9502.32	
City Washington	State DC	Zip Code 20005	Transaction ID : B634899
Purpose of Expenditure Mail production and postage - Estimated Costs		Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2016
Name of Federal Candidate Kuster, Ann McLane, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	28506.95
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 78701.95	
City Washington	State DC	Zip Code 20005	Transaction ID : B634904
Purpose of Expenditure Canvassing-Estimated costs	Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016	
Name of Federal Candidate Portman, Rob, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought 1076550.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Advocates of Ohio		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 206 E State St.		Amount 4529.22	
City Columbus	State OH	Zip Code 43215	Transaction ID : B634908
Purpose of Expenditure Canvassing-Estimated costs	Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016	
Name of Federal Candidate Portman, Rob, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought 1076550.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83231.17
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Advocates of Ohio			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016		
Mailing Address 206 E State St.			Amount 2438.81		
City Columbus	State OH	Zip Code 43215	Transaction ID : B634911		
Purpose of Expenditure Phone calls-Estimated costs		Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016		
Name of Federal Candidate Portman, Rob, , ,			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Planned Parenthood Action Fund Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2016		
Mailing Address 123 William St, 10th Floor			Amount 145.32		
City New York	State NY	Zip Code 10038	Transaction ID : B634902		
Purpose of Expenditure Staff time for direct voter contact-Estimated costs		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2016		
Name of Federal Candidate Portman, Rob, , ,			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2584.13
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Pivot Group		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 1720 I Street NW Suite 550		Amount 9502.32	
City Washington	State DC	Zip Code 20005	Transaction ID : B634897
Purpose of Expenditure Mail production and postage - Estimated Costs		Category/ Type 003	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2016
Name of Federal Candidate Shea-Porter, Carol, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Planned Parenthood Advocates of Ohio		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 206 E State St.		Amount 2438.81	
City Columbus	State OH	Zip Code 43215	Transaction ID : B634915
Purpose of Expenditure Phone calls-Estimated costs		Category/ Type 007	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016
Name of Federal Candidate Strickland, Ted, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	11941.13
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 78701.95	
City Washington	State DC	Zip Code 20005	Transaction ID : B634906
Purpose of Expenditure Canvassing-Estimated costs		Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016
Name of Federal Candidate Strickland, Ted, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Planned Parenthood Advocates of Ohio		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 206 E State St.		Amount 4529.22	
City Columbus	State OH	Zip Code 43215	Transaction ID : B634907
Purpose of Expenditure Canvassing-Estimated costs		Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016
Name of Federal Candidate Strickland, Ted, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83231.17
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee Planned Parenthood Action Fund Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2016	
Mailing Address 123 William St, 10th Floor		Amount 145.33	
City New York	State NY	Zip Code 10038	Transaction ID : B634903
Purpose of Expenditure Staff time for direct voter contact-Estimated costs		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2016
Name of Federal Candidate Strickland, Ted, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee 76 Words		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 1806 Vernon St, NW #100		Amount 4396.82	
City Washington	State DC	Zip Code 20009	Transaction ID : B634925
Purpose of Expenditure Online video production-Estimated costs		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4542.15
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Community Outreach Group LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount 78701.96		
City Washington	State DC	Zip Code 20005	Transaction ID : B634930		
Purpose of Expenditure Canvassing-Estimated costs		Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016		
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought		4220439.82	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Planned Parenthood Advocates of Ohio			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016		
Mailing Address 206 E State St.			Amount 2438.81		
City Columbus	State OH	Zip Code 43215	Transaction ID : B634939		
Purpose of Expenditure Phone calls-Estimated costs		Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016		
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought		4220439.82	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	81140.77
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Planned Parenthood Advocates of Ohio		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 206 E State St.		Amount 4529.22	
City Columbus	State OH	Zip Code 43215	Transaction ID : B634934
Purpose of Expenditure Canvassing-Estimated costs		Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2016
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought 4220439.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee ib5k, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 343 Carl Street		Amount 35000.00	
City San Francisco	State CA	Zip Code 94117	Transaction ID : B634944
Purpose of Expenditure Online video production-Estimated costs		Category/Type 007	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2016
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought 4220439.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	39529.22
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Schifeling, Deirdre, , ,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 02 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 12 OF 12
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Blueprint Interactive		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 2229 North Pollard St		Amount 85018.00	
City Arlington	State VA	Zip Code 22207	Transaction ID : B634946
Purpose of Expenditure Online advertising-Estimated cost	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2016	
Name of Federal Candidate Trump, Donald, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought 4220439.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	85018.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	606796.15

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Schifeling, Deirdre, , ,**[Electronically Filed]*

Date

MM / DD / YYYY
11 / 02 / 2016

Signature